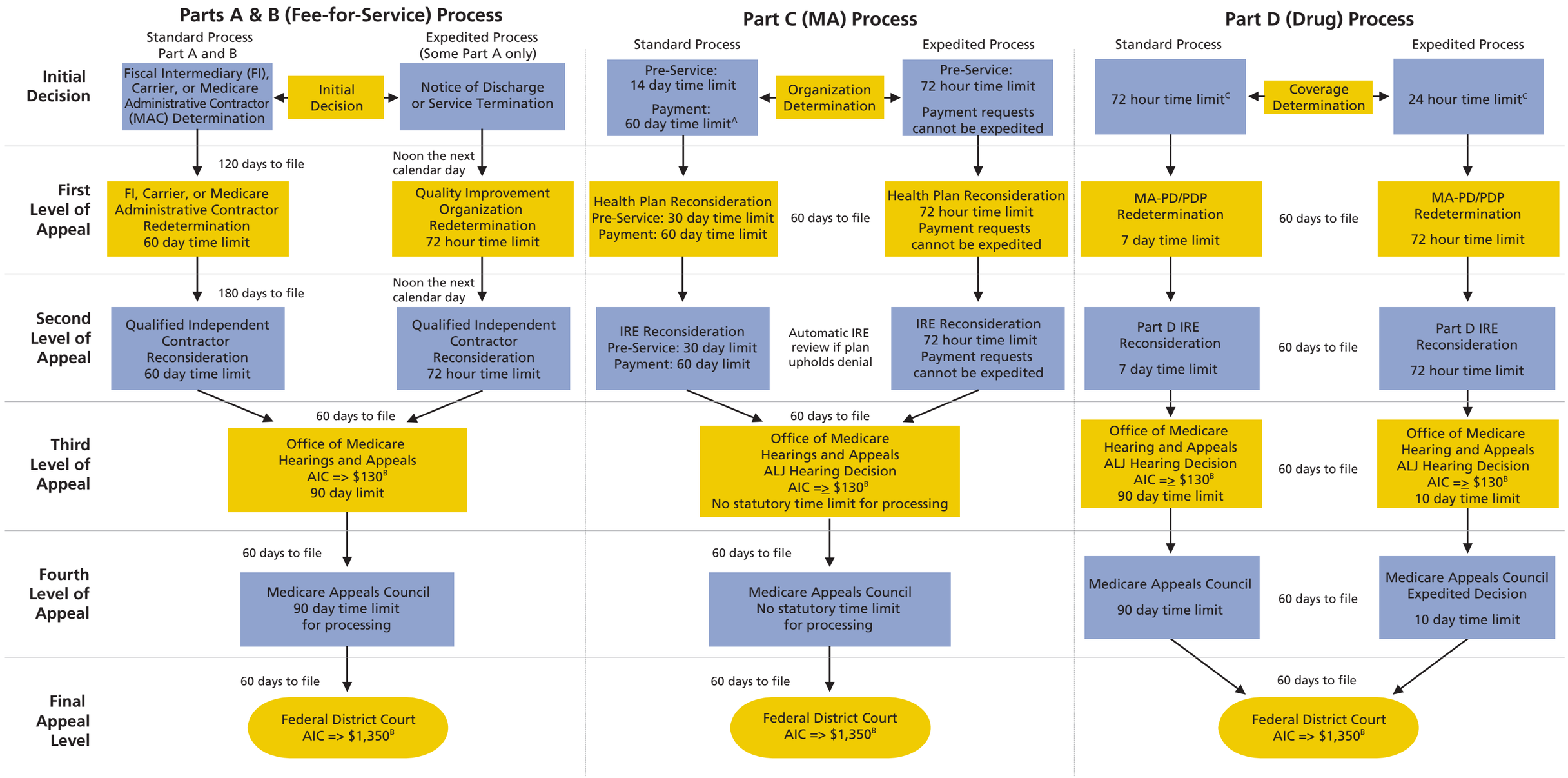
Comparison of the Parts A, B, C, and D Appeal Processes



AIC = Amount in Controversy
ALJ = Administrative Law Judge
Contractor = Fiscal Intermediary, Carrier or Medicare Administrative Contractor (MAC)
IRE = Independent Review Entity
MA-PD = Medicare Advantage Prescription Drug
MMA = Medicare Prescription Drug, Improvement & Modernization Act of 2003
PDP = Prescription Drug Plan
QIC = Qualified Independent Contractor

[A] Plans must process 95% of all clean claims from out-of-network providers within 30 days. All other claims must be processed within 60 days.

[B] The AIC requirement for all ALJ hearing and Federal District Court is adjusted annually in accordance with the medical care component of the Consumer Price Index. The chart reflects the CY 2012 AIC amounts.

[C] A request for a coverage determination includes a request for a tiering exception or a formulary exception. A request for a coverage determination may be filed by the enrollee, the enrollee's appointed representative, or the enrollee's physician. The adjudication time frames generally begin when the request is received by the plan sponsor. However, if the request involves as exception request, the adjudication time frame begins when the plan sponsor receives the physician's supporting statement.